State of New Jersey ORDER APPROVING SETTLEMENT Department of Labor and Workforce Development CASE No. Division of Workers' Compensation WITH DISMISSAL PO Box 381 N.J.S.A. 34:15-20 Trenton, New Jersey 08625-0381 VICINAGE SOCIAL SECURITY NUMBER ☐ NEW JERSEY SSN ☐ FEDERAL EMPLOYER'S REGISTRATION NUMBER **IDENTIFICATION NUMBER** T Ε P NAME T Ε Т NAME 0 T R ı N T ADDRESS (Including County) Ε 0 Υ ADDRESS N 0 Ε N F Е ò R R TELEPHONE (Area Code) VS RESPONDENT NAME NAME (Indicate if Self-Insured or if Not Covered) I C N A ADDRESS (including County) SR UR ADDRESS ΑE NAME ATTORNEY NR С Ε ADDRESS CARRIER CLAIM FILE NUMBER TELEPHONE (AREA CODE) FEIN OR NJ EMPLOYER'S REG. This is a lump sum settlement between the parties in the amount of \$ _ pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petition(s). The payment hereunder shall be recognized as payments of workers' compensation benefits for insurance rating purposes only. The parties agree that this settlement does not contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s). ☐ Order For Child Support Addendum Attached **ALLOWANCES** MEDICAL FEES & COSTS PD. by Atty **TOTAL AMOUNT ALLOWED** PAYABLE BY PETITIONER PAYABLE BY RESPONDENT INTERPRETER ATTORNEY FEES STENO FEES REASON FOR SEC. 20 _ We hereby consent to the entry and form of this Order and acknowledge receipt of a copy: PETITIONER'S ATTORNEY _____ After considering all the circumstances, I find this settlement fair and just. PETITIONER RESPONDENT'S ATTORNEY ___

JUDGE OF COMPENSATION

DATE